

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000001878

FILED
Apr 12, 2010
Secretary of State

Entity Name: NORTH FLORIDA HEALTHCARE MANAGEMENT, INC.

Current Principal Place of Business:

1315 SE 25TH LOOP
SUITE 102
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1315 SE 25TH LOOP
SUITE 102
OCALA, FL 34471

New Mailing Address:

FEI Number: 26-3981063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, ELLEN R
6858 SE 12TH CIRCLE
OCALA, FL 34480 US

Name and Address of New Registered Agent:

SULLIVAN, TIMOTHY L
6858 SE 12TH CIRCLE
OCALA, FL 34480 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIMOTHY SULLIVAN

04/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P
Name: SULLIVAN, TIMOTHY
Address: 6858 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: S/TR
Name: SULLIVAN, ELLEN
Address: 6858 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY SULLIVAN

D/P

04/12/2010

Electronic Signature of Signing Officer or Director

Date